

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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DONALD HEIMSTAEDT, TODD KORTE,

Plaintiffs,

-v-

PREM.AIR NEW YORK, LLC, PREM.AIR  
GROUP OF NEW YORK, LLC, PREM.AIR  
GROUP, LLC, MCQUAY NEW YORK, LLC,  
GEORGE KOUTSSOS, ERIC BERKOWITZ,  
MCQUAY NEW YORK PROFIT SHARING PLAN,  
AND XYZ TRUSTEES OF THE MCQUAY NEW  
YORK, LLC 401(k) PROFIT SHARING PLAN,

Defendants.  
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: 07 Civ. 9389 (JSR)  
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: ORDER  
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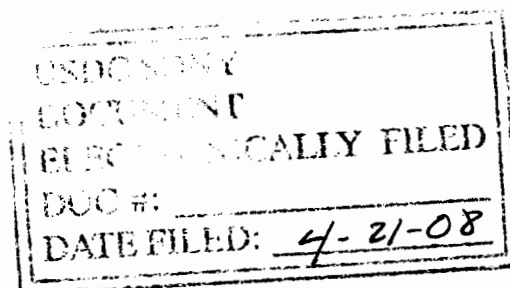
JED S. RAKOFF, U.S.D.J.

The Clerk is directed to remove from the Court's electronic filing system the document entitled "Exhibit 2 to Koutsos Affidavit," docketed as Attachment #6 to Docket Entry #23 for the above-captioned case, and to substitute the document attached to this Order.

SO ORDERED.

Dated: New York, NY  
April 21, 2008

  
JED S. RAKOFF, U.S.D.J.



|   |  |                               |  |  |  |   |  |   |  |
|---|--|-------------------------------|--|--|--|---|--|---|--|
| a Control number<br>000063 01/4FZ   |  | Void <input type="checkbox"/> |  | OMB No. 1545-0008 4FZ                          |  | 300                                       |  | 000063  |  |
| b Employer identification number (EIN)<br>11-3484710  |  |                               |  | 1 Wages, tips, other compensation<br>219523.41 |  | 2 Federal income tax withheld<br>54640.30 |  |   |  |
| c Employer's name, address, and ZIP code<br>MCQUAY NEW YORK LLC<br>43-24 21 STREET<br>LONG ISLAND CITY NY 11101 |  |                               |  | 3 Social security wages<br>94200.00            |  | 4 Social security tax withheld<br>5840.40 |  |   |  |
|   |  |                               |  | 5 Medicare wages and tips<br>230773.41         |  | 6 Medicare tax withheld<br>3346.21        |  |   |  |
|   |  |                               |  | 7 Social security tips                         |  | 8 Allocated tips                          |  |   |  |
| d Employee's social security number<br>[REDACTED]   |  |                               |  | 9 Advance EIC payment                          |  | 10 Dependent care benefits                |  |   |  |
| e Employee's first name and initial<br>DONALD S   |  | Last name<br>HEIMSTAEDT       |  | Suff.  |  | 11 Nonqualified plans                     |  | 12a See instructions for box 12<br>D 11250.00 |  |
| 200 W 58TH ST #10D<br>NEW YORK NY 10019   |  |                               |  |  |  | 13 Salary<br>[REDACTED]                   |  | 12b [REDACTED]                                |  |
|   |  |                               |  |  |  | 14 Other<br>41.50 SDI                     |  | 12c [REDACTED]                                |  |
|   |  |                               |  |  |  |   |  | 12d [REDACTED]                                |  |
| f Employee's address and ZIP code   |  |                               |  | 15 State<br>NY                                 |  | Employer's state ID number<br>11-3484710  |  | 16 State wages, tips, etc.<br>219523.41       |  |
|   |  |                               |  | 17 State income tax<br>14190.57                |  | 18 Local wages, tips, etc.<br>219523.41   |  | 19 Local income tax<br>7906.32                |  |
|   |  |                               |  |  |  |   |  | 20 Locality name<br>NYC RES                   |  |

Form **W-2** Wage and Tax  
Statement  
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction  
Act Notice, see back of Copy D.

|   |  |                               |  |   |  |   |  |  |  |
|---|--|-------------------------------|--|---|--|---|--|--|--|
| a Control number<br>000069 01/4FZ   |  | Void <input type="checkbox"/> |  | OMB No. 1545-0008 4FZ                         |  | 300                                       |  | 000069                                 |  |
| b Employer identification number (EIN)<br>11-3484710  |  |                               |  | 1 Wages, tips, other compensation<br>21607.31 |  | 2 Federal income tax withheld<br>5974.90  |  |  |  |
| c Employer's name, address, and ZIP code<br>MCQUAY NEW YORK LLC<br>43-24 21 STREET<br>LONG ISLAND CITY NY 11101 |  |                               |  | 3 Social security wages<br>21607.31           |  | 4 Social security tax withheld<br>1339.65 |  |  |  |
|   |  |                               |  | 5 Medicare wages and tips<br>21607.31         |  | 6 Medicare tax withheld<br>313.31         |  |  |  |
|   |  |                               |  | 7 Social security tips                        |  | 8 Allocated tips                          |  |  |  |
| d Employee's social security number<br>[REDACTED]   |  |                               |  | 9 Advance EIC payment                         |  | 10 Dependent care benefits                |  |  |  |
| e Employee's first name and initial<br>TODD MICHAEL   |  | Last name<br>KORTE            |  | Suff.   |  | 11 Nonqualified plans                     |  | 12a See instructions for box 12        |  |
| 400 E 55TH ST #7G<br>NEW YORK NY 10022  |  |                               |  |   |  | 13 Salary<br>[REDACTED]                   |  | 12b [REDACTED]                         |  |
|   |  |                               |  |   |  | 14 Other<br>3.90 SDI                      |  | 12c [REDACTED]                         |  |
|   |  |                               |  |   |  |   |  | 12d [REDACTED]                         |  |
| f Employee's address and ZIP code   |  |                               |  | 15 State<br>NY                                |  | Employer's state ID number<br>11-3484710  |  | 16 State wages, tips, etc.<br>21607.31 |  |
|   |  |                               |  | 17 State income tax<br>1524.14                |  | 18 Local wages, tips, etc.<br>21607.31    |  | 19 Local income tax<br>125.79          |  |
|   |  |                               |  |   |  |   |  | 20 Locality name<br>NYC RES            |  |

Form **W-2** Wage and Tax  
Statement  
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